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UTILITY									
PATENT APPLICATION									
TRANSMITTAL									

Attorney Docket No.

First Named Inventor or Application Identifier

Title

Eliminating Substrate Noise by an Electrically Isolated High-Voltage I/O Transistor

(Only for new nonprovisional applications under 37 CFR 1.53(b))				Express M	fail Lat	bel No).	EV33	4469405US			
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application cont				ents	ΑD	DR	ESS	TO:	Assistant Commiss Box Patent Applica Washington, DC 2	ition	PT0	
1.		ransmittal Form (e.g., PTO/SB/17 an original, and a duplicate for fee pro				6.		Microfiche Co	mputer Program (A	Appendix)	u.s. 49	
2.	- Desc	red arrangement set forth below) riptive title of the Invention	[Total Pages	33]	7.	Nucleo (if app	licable, all nece	nino Acid Sequenc ess <i>ary)</i> emputer Readable		7510 U.S 10/6849	
	- State	s References to Related Application ment Regarding Fed sponsored F				b. [Pa	per Copy (identica	il to computer cop	` -		
 Reference to Microfiche Appendix Background of the Invention Brief Summary of the Invention 							c.	St	atement verifying i	dentical of above	copies	
	- Brief	Description of the Drawings (if file led Description	d)		ACCOMPANYING APPLICATION PARTS						гѕ	
	- Claim	•			ľ	8.		Assignment P	apers (cover sheet	t & Documents(s))	
3.		ng(s) (35 USC d113)	[Total Sheets	4	1	9.		37 CFR §3.73 (when there is	(b) Statement an assignee)	X Power Attorne	• .	
4.	Oath or Declara	ation	[Total Pages	1] .	10.		English Trans	lation Document (ii	f applicable)		
	a. 📗	Newly Executed (original or copy)								of IDS ns	
	ь Х	Copy from a prior application (37 (for continuation/divisional with B		d)		12.	Х	Preliminary Amendment				
		[Note Box 5 below]				13.	X	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
	i.	DELETION OF INVEN Signed statement atta	ched deleting in	ventor(s)		14.		Small Entity Statement(s) Statement filed in prior applicati Status still proper and desired (PTO/SB/09-12) Certified Copy of Priority Document(s) if foreign priority is claimed)				
		named in the prior app see 37 CFR §1.63(d)(15.						
5. Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of						16. Other:						
the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.						A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.						
17.	If a CONTINU	ING APPLICATION, check a	ppropriate bo	x and supp							dment:	
[☐Continuatio <i>Prior applic</i>		☐Cd inerRon	ntinuatioı <i>E. Pomp</i> ey		oart ((CIP)	=	rior application		962	
			18. CORR	ESPOND	ENC	E Al	DDRE	SS				
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Correspondence address below												
NA								-,				
ADI	DRESS Y		STATE	TX					ZIP CODE			
COUNTRY TELEPHONE							FAX	(972) 917-44	117			
Name (Print/Type) Gary C. Honeycutt							Regis	stration No. (A	Attorney/Agent)	20,250		
Signature Pary C. Flamyeute 10/14/03							3					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Fine will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office. Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (1/98)
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METHOD OF DAVIDENT			FFF OALOUI ATION (C)					
TOTAL AMOU	JNT OF PAYMENT	(\$) 1.086.00	Attorney Docket No.	TI-32535.1				
Express M	ailing Label No.:	EV334469405US	Group / Art Unit	2812				
			Examiner Name	Ron E. Pompey				
	for FY 200 Express Mailing Label No.: EV	•	First Named Inventor	Craig T. Salling, et al.				
for FY 2003			Filing Date	Herewith				
Express Mailing Label No.: EV334469405US TOTAL AMOUNT OF PAYMENT (\$) 1.086.00	Application Number	TBD						
FFF TRANSMITTAL			Complete If Known					
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METHOD OF PAYMENT					FEE CALCULATION (continued)						
				ADDIT	IONA		-ALVVLAII	Ora (Committee)			
The Commissioner is hereby authorized to charge to the following Deposit Account, Penosit Account			3.								
Deposit Account Number		20-0668		Entity Fee	Small Fee	Entity Fee	Fee	Description	Fee Paid		
Deposit Account Name Texas Ins		struments Incorporated		(\$) 130 50	Code 2051 2052	(\$) 65 25	Surcharge - la	· •			
Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment					1053	130	Non-English s	pecification			
overpayment _ credit any overpayment				2,520	1812	2,520		uest for reexamination			
2. Payment Enclosed:			1804	920*	1804	920*		lequesting publication of SIR prior to examiner action			
Check Money Other Order			1805	1,840*	1805	1,840*	Requesting pu Examiner action	blication of SIR after on			
FEE CALCULATION				110	2251	55	Extension for r	eply within first month			
1. BASIC FILII	NG FEE		1252	420	2252	200	Extension of ti	me within second month			
	mall Entity		1253	950	2253	460		me within third month			
Fee Fee F	ee Fee	Fee Description Fee Paid	1254	1,480	2254	720		me within fourth month			
Code (\$) Co	ode (\$)		1255	2,010	2255	980	Extension of ti	me within fifth month			
1001 770 20	001 370	Utility filing fee \$770	1401	330	2401	160	Notice of Appe				
1002 330 20	002 165	Design filing fee \$	1402	330	2402	160	•	support of an appeal			
1003 510 20	003 255	Plant filing fee \$	1403	290	2403	140	Request for or	•			
1004 740 20	004 370	Reissue filing fee \$	1451	1,510	1451	1,510		itute a pubic use proceeding			
1005 160 20	005 80	Provisional filing fee \$	1452	110	2452	55	Petition to revi	ve - unavoidable			
	:	SUBTOTAL (1) (\$)770	1453	1,330	2453	640		ve - unintentional			
		(0).10	1501	1,280	2501	640	Utility issue fee	•			
2. EXTRA CLA	AIM FEES		1502 1503	460 620	2502 2503	230 310	Design issue fee				
			1460	130	1460	130		e Commissioner			
	Extra CI	Fee from aims below Fee Paid	1801	770	2801	370	Request for Co	ontinued Examination (RCE)			
T-4-1 01-1			1806	180	1806	180	Submission of	Information Disclosure Stmt.	.		
Total Claims 28	-20**= 8	x 18 = 144	8021	40	8021	40		h patent assignment per			
Independent 5 -3** = 2 x 86 = 172			1809	740	2809	370		perly (time number of properties) ng a submission after final rejection (37			
Multiple Dependent		260 =	1810	740	2801	370	CFR 1.129(a))				
**or number previously paid, if greater; For Reissue, see below				170	2001	370	examined (37				
Large Entity S	Small Entity								L		
Fee Fee	Fee Fee	Fee Description									
	Code (\$) 2202 9	Claims in excess of 20	Othe	Other fee (specify)							
1201 86	2201 42	Independent Claims in excess of 3									
1203 280	2203 140	Multiple dependent claims in excess of 3	1								
1204 86	2204 42	**Reissue independent claims over original patent	Other fee (specify)								
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent		50 (0	F						
	*Reduced by Basic Filing Fee Paid SUBTOTAL (3)					0					
SUBMITTED BY					".			Complete (if applic	cable)		
Typed or Printed Name Gary C. Honeycutt							, ,	Reg. Number	20,250		
Signature Sary C. Howwart					10/	Date / O	3	Deposit Account User ID			
		770000									